 Fill in this information to identify your case and thi	s fillna:		
in the third manager to facility your cases and the			
Debtor 1 TOISHA M First Name Middle Name	DANIEL Last Name		
Debtor 2		United States Courts	
(Spouse, if filing) First Name Middle Name	Last Name	Southern District of Tex FILED	Kas
United States Bankruptcy Court for the: SOUTHERN DISTR	ICT OF TEXAS	0 4 0000	
Case number		MAR 0 1 2023	Check if this is an
· · · · · · · · · · · · · · · · · · ·			amended filing
Official Forms 400A/D	Na	ithan Ochsner, Clerk of C	ourt
Official Form 106A/B			
Schedule A/B: Propert	t y		12/15
category where you think it fits best. Be as compl responsible for supplying correct information. If n write your name and case number (if known). Ans	ns. List an asset only once. If an asset fits in more lete and accurate as possible. If two married people ore space is needed, attach a separate sheet to the wer every question. Land, or Other Real Estate You Own or Ha	e are filing together, bo is form. On the top of a	th are equally
Do you own or have any legal or equitable interest	est in any residence, building, land, or similar prop	ertv?	
☑ No. Go to Part 2. ☐ Yes. Where is the property?	,	.	
1 1 12	What is the property? Check all that apply.	Do not deduct secured cla	aims or exemptions. Put
1.1	Single-family home	the amount of any secure Creditors Who Have Clain	d claims on Schedule D:
Street address, if available, or other description	 □ Duplex or multi-unit building □ Condominium or cooperative 		
	Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
-	- 🔲 Land	\$	\$_
	Investment property	Describe the metales	
City State ZIP Code	- ☐ Timeshare ☐ Other	Describe the nature of interest (such as feet	
		the entireties, or a life	e estate), if known.
	Who has an interest in the property? Check one. Debtor 1 only		
County	Debtor 1 only		
County	Debtor 1 and Debtor 2 only	☐ Check if this is co	mmunity property
	☐ At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this it	em, such as local	
If you own or have more than one, list here:	property identification number:		
.,	What is the property? Check all that apply.	De not de ilust es sus d'al-	dana an ann an athaire. But
	☐ Single-family home	Do not deduct secured cla the amount of any secured	d claims on <i>Śchedule D:</i>
1.2. Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clain	
·	Condominium or cooperative Manufactured or mobile home	Current value of the	
	 ☐ Manufactured or mobile home ☐ Land 	entire property?	portion you own?
	☐ Investment property	\$	\$.
City State ZIP Code	☐ Timeshare	Describe the nature of interest (such as feet	of your ownership
	Other	the entireties, or a life	e estate), if known.
	Who has an interest in the property? Check one.		
	Debtor 1 only Debtor 2 only		
County	Debtor 2 only Debtor 1 and Debtor 2 only	☐ Check if this is co	mmimiti neono-tr
	At least one of the debtors and another	(see instructions)	пипишку ргоректу
	Other information you wish to add about this ite	m. such as local	

Official Form 106A/B

Case 23-30689 Document 5 Filed in TXSB on 03/01/23 Page 2 of 26

TOISHA Case number (if known) Debtor 1 First Nar What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: ☐ Single-family home Creditors Who Have Claims Secured by Property. 1.3. ☐ Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the ☐ Condominium or cooperative entire property? portion you own? ☐ Manufactured or mobile home ☐ Land ☐ Investment property Describe the nature of your ownership City State ZIP Code ☐ Timeshare interest (such as fee simple, tenancy by ☐ Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases, 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No ☑ Yes CHRYSLER Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.1. the amount of any secured claims on Schedule D: Debtor 1 only 300 Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2020 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only 76000 entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 17,000.00 0.00 ☐ Check if this is community property (see FAIR CONDITION instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions)

Official Form 106A/B

Schedule A/B: Property

page 2

Case 23-30689 Document 5 Filed in TXSB on 03/01/23 Page 3 of 26 TOISHA Case number (if known) Debtor 1 Lest Namo First Name Middle Name Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.3. Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only portion you own? entire property? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.4. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☑ No ☐ Yes Who has an interest in the property? Check one. 4.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the
Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another ☐ Check if this is community property (see instructions)

Official Form 400A/D

Schedulo A/R: Proporty

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages

you have attached for Part 2. Write that number here

0.00

TOISHA First Name

Middle Namo

Last Name

Case number (if known)

Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware 2.140.00 ☑ Yes. Describe......... | SOFA, CLOTHES WASHER DRYER, BEDDING, REFRIGERATOR, BEDS, DINING KITCHEN FURNITURE, MICROWAVE 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games Yes. Describe...... CELLPHONE, TV, COMPUTER, TABLET 830.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☑ No ☐ Yes. Describe...... 0.00 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☑ No Yes. Describe...... 0.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☑ No Yes. Describe...... 0.00 11, Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... CLOTHES 400.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver WEDDING RINGS Yes, Describe..... 300.00 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe...... 100.00 DOG 14. Any other personal and household items you did not already list, including any health aids you did not list **☑** No ☐ Yes. Give specific 0.00 information. 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached 3,770.00 for Part 3. Write that number here

TOISHA M DANIEL Case number (il known)
First Name Middle Name Lest Name

Part 4: Describe Y	our Financial Assets			
	y legal or equitable interest in		Current va portion yo Do not dedu or exemption	eu own? et secured claims
Sept. 1 Sept. 19 (19)		and the second s	or exemplion	
16. Cash Examples; Money you	ı have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file your petition		
□ No				
2 Yes		Cash:	\$	250.00
and other	savings, or other financial accor similar institutions. If you have m	unts; certificates of deposit; shares in credit unions, brokerage houses, nultiple accounts with the same institution, list each.		
□ No ☑ Yes		Institution name:		
	17.1. Checking account:	NAVY FEDERAL,	\$	120.00
	17.2. Checking account:		\$	
	17.3. Savings account:		\$	
	17.4. Savings account:		\$	<u> </u>
	17.5. Certificates of deposit;		\$	
	17.6. Other financial account:		\$	
	17.7. Other financial account:		\$	
	17.8. Other financial account:		\$	
	17.9. Other financial account:		\$	
	s, or publicly traded stocks s, investment accounts with brok	erage firms, money market accounts		
☐ Yes	Institution or issuer name:			
			\$	
			\$	
19. Non-publicly traded an LLC, partnership,		rated and unincorporated businesses, including an interest in		
☑ No ☐ Yes. Give specific	Name of entity:	% of ownership:		
Information about		%		
them		% %		
	-	%	\$ _	

Case 23-30689 Document 5 Filed in TXSB on 03/01/23 Page 6 of 26

Debtor 1 TOISHA M DANIEL Case number (if known) _____

Negotiable instruments	include personal ch	ther negotiable and non-negotiable instruments necks, cashiers' checks, promissory notes, and money orders. cannot transfer to someone by signing or delivering them.	
✓ No✓ Yes. Give specific information about	issuer name:		_ \$
them	· -		
			\$ _
			Ψ
		, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing pla	nns
☑ No ☐ Yes. List each			
account separately.	Type of account:	Institution name:	
	401(k) or similar pla	in:	
	Pension plan:		\$
	IRA:		\$
	Retirement account		_
	Keogh:		\$
	_		-
	Additional account:		_
	Additional account:		_ \$
		a made so that you may continue service or use from a company	-
	d deposits you have with landlords, pre Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone:	e made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: rental unit:	- \$
Your share of all unuse Examples: Agreements companies, or others No	d deposits you have with landlords, pre Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water:	paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	- \$
Your share of all unuser Examples: Agreements companies, or others No	d deposits you have with landlords, pre Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture:	paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	- \$
Your share of all unuser Examples: Agreements companies, or others No	d deposits you have with landlords, pre Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water:	paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	- \$
Your share of all unuse Examples: Agreements companies, or others No Yes	d deposits you have with landlords, pre Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	- \$
Your share of all unuse Examples: Agreements companies, or others No Yes	d deposits you have with landlords, pre Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	Institution name or individual: rental unit: nt of money to you, either for life or for a number of years)	- \$
Your share of all unuse Examples: Agreements companies, or others No Yes	d deposits you have with landlords, pre Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	Institution name or individual: rental unit: nt of money to you, either for life or for a number of years)	- \$

Official Form 106A/R

Sahadula A/Di Dranadi

Case 23-30689 Document 5 Filed in TXSB on 03/01/23 Page 7 of 26

Debtor 1 TOISHA M DANIEL Case number (if known)______

		a kaasan asella k saasaa maana aanan mareemas oo	Management Section 1981 - Annual Management Community Co
24. Interests in an education IRA, in an acc 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(ount in a qualified ABLE program, or under a q b)(1).	ualified state tuition program.	
☑ No			
D V	name and description. Separately file the records o	of any interests.11 U.S.C. § 521(c	s):
			\$
			¢
			\$
			\$
exercisable for your benefit	property (other than anything listed in line 1), ar	nd rights or powers	
☑ No			_
Yes. Give specific information about them			\$ 0.00
momation about them] •
26. Patents, copyrights, trademarks, trade Examples: Internet domain names, websit ☑ No	secrets, and other intellectual property es, proceeds from royalties and licensing agreeme	ents	
Yes. Give specific			7
information about them			\$0.00
-	· · · · · · · · · · · · · · · · · · ·	**************************************	
27. Licenses, franchises, and other genera	l intangibles		
Examples: Building permits, exclusive lice	nses, cooperative association holdings, liquor licer	nses, professional licenses	
☑ No			
☐ Yes, Give specific		villa an drahan dhalilan wax na an ann ann an maran an an an an da an drahan an an an an an an da chailleann an	
information about them			\$
Money or property owed to you?			Current value of the
			portion you own?
			Do not deduct secured claims or exemptions.
28.Tax refunds owed to you		*	
□ No			
Yes. Give specific information		1	7 000 00
about them, including whether	, , FEDERAL TAX REFUND	Federal:	\$7,000.00
you already filed the returns		State:	\$
and the tax years		Local:	\$
		· marginal policy and construction of the cons	
29. Family support Examples: Past due or lump sum alimony, ☑ No	spousal support, child support, maintenance, divo	orce settlement, property settleme	nt

☐ Yes. Give specific information		Alimony:	\$
		Maintenance:	\$
		Support:	\$
		Divorce settlement:	\$
			\$
		Property settlement:	√
 Other amounts someone owes you Examples: Unpaid wages, disability insura 			
Social Security benefits; unpaid	nce payments, disability benefits, sick pay, vacation loans you made to someone else	on pay, workers' compensation,	
Social Security benefits; unpaid	d loans you made to someone else	on pay, workers' compensation,	
Social Security benefits; unpaid	d loans you made to someone else	on pay, workers' compensation,	s 2,200.00

Official Form 106A/B

Schedule A/B: Property

page

Case 23-30689 Document 5 Filed in TXSB on 03/01/23 Page 8 of 26 TOISHA Debtor 1 Case number (if known) Middle Name Lest Name First Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☑ No ☐ Yes. Name the insurance company Surrender or refund value: Beneficiary: Company name: of each policy and list its value.... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☑ No ☐ Yes. Give specific information..... 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ✓ No Yes. Describe each claim..... 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims **☑** No Yes, Describe each claim..... 0.00 35. Any financial assets you did not already list ☐ Yes. Give specific information.......... 0.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 9,570.00 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned □ No Yes. Describe.....

Yes, Describe......

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

39. Office equipment, furnishings, and supplies

☐ No

Case 23-30689 Document 5 Filed in TXSB on 03/01/23 Page 9 of 26

TOISHA Case number (if known) Debtor 1 First Name 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☐ No Yes, Describe.... 41. Inventory □ No ☐ Yes. Describe.... 42. Interests in partnerships or joint ventures □ No ☐ Yes. Describe...... Name of entity: % of ownership: % 43. Customer lists, mailing lists, or other compilations ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list ☐ No ☐ Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☐ No ☐ Yes......

Official Form 1064/R

Cabadula A/Di Dranasti

Case 23-30689 Document 5 Filed in TXSB on 03/01/23 Page 10 of 26

Debtor 1	TOISTIA	,,, DA	-			Case number (if known)			
	First Name	Middle Namo Lest I	łame						
48. Crops –	either growing	or harvested							
□ No	ſ								
	s. Give specific							\$	
49. Farm a	ں nd fishing equi	pment, implements, ma	chinery, fixture	s, and tool	ls of trade				
☐ No	s								
□ 165	·							\$	
50. Farm a	nd fishing supp	olies, chemicals, and fe	ed ·						
☐ No									
☐ Yes	s			er marinak seritikin eresti keen distalan militati se				œ	
E4 Anu for] 	rcial fishing-related pro	norty ven did r					Ψ	
☐ No		rciai nsiiing-related pro	perty you did i	iot aireauy	list				
	s. Give specific							S	
52 Add th	J o dollar value o	f all of your entries from	m Part 6 Includ						0.00
		umber here				-	→ [\$	
4,10		f yanhaira basuri yan saya masa madama hairib daha nay 1 fi yan sarriiyir fi fi bibb fi gayana yabi	registment endmentalegidment under von dergen zu	v severn miseropean vinde	de o mandes produce de la communica de un plan	in die det der	edier sangeme. Were'n so hh h eid ny An dria	ANTONIOS AN	
Part 7:	Describe #	All Property You O	wn or Have	an Inter	est in That	You Did Not List	lbove		
53. Do you	ı have other pro	operty of any kind you	did not already	list?					
Example		country club membership	•						
☑ No ☐ Yes	s. Give specific							\$	
	rmation							\$	
	Į	13740	W. n. Nicha .					\$	
54. Add the	e dollar value o	f all of your entries from	n Part 7, Write t	that numbe	er here		→	\$	0.00
								-	
Part 8:	List the To	otals of Each Part	of this Form	1					
55 Part 1:	Total real estat	e, line 2						•	0.00
			***************************************		0.00		1		annunga sampliga samundanda samundangapanan ya
	Total vehicles,			\$	3,770.00	_			
		and household items, l	ine 15	\$		_			
58. Part 4:	Total financial	assets, line 36		\$	9,570.00	 -			
59. Part 5: '	Total business	-related property, line 4	5	\$		<u>0</u>			
60. Part 6:	Total farm- and	fishing-related proper	ty, line 52	\$	0.00	<u>0</u>			
61. Part 7:	Total other pro	perty not listed, line 54		+ \$	0.00	<u>)</u>			
62. Total p	ersonal propert	y. Add lines 56 through	51 	\$	13,340.00	Copy personal property	total → +	\$	13,340.00
						_1	L		
63. Total of	f all property or	n Schedule A/B. Add line	e 55 + line 62	•••••••		••••••••••		\$	13,340.00

	Case 23-30	0689 Documer	nt 5 Filed in TXSE	3 on 03/01/23	Page 11 of 2	6			
Fill in this in	formation to identify	your case:	, ,						
Debtor 1	TOISHA First Name	M Middle Name	DANIEL Last Name						
Debtor 2 (Spouse, if filing)		Middle Name	Last Name						
United States I	Bankruptcy Court for the:	SOUTHERN DISTRICT OF	FTEXAS						
Case number (if known)			_			Check if this is an amended filing			
	orm 106C ule C: Th	e Propert	y You Claim	ı as Exer	mpt	04/22			
Using the prop	Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).								
For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.									

For any proper	ty you list on <i>Schedule A/B</i> th	at you claim as exemp	ot, fill in the information below.	
	on of the property and line on hat lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
¥		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description: Line from	AUTOMOBILE, FAIR CONDITION	\$0.00		11 U.S.C. § 522(d)(2)
Schedule A/B: Brief description:	HOUSEHOLD, SOFA	\$600.00	any applicable statutory limit \$600.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	6	<u> </u>	☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	HOUSEHOLD, CLOTHES WASHER DE	\$	☑ \$400,00	11 U.S.C. § 522(d)(3)
Line from	_6		100% of fair market value, up to any applicable statutory limit	

Official Form 106C

TOISHA DANIEL Case number (if known)_ First Name Middle Name Last Nama

Part 2: Additional Page

on Schedule A		Current valu portion you		Amount of	the exemption you claim	Specific laws that allow exemption
		Copy the valu Schedule A/B		Check only	one box for each exemption	
Brief description:	HOUSEHOLD, BEDDING	\$	350.00	12 \$	350.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	6		w		of fair market value, up to plicable statutory limit	
Brief description:	HOUSEHOLD, REFRIGERATOR	\$	350,00	☑ \$	350,00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	<u>.6</u>				of fair market value, up to plicable statutory limit	
Delof				-		44 14 0 0 0 5 5 5 5 6 7 7 7 1
Brief description:	HOUSEHOLD, BEDS	\$	200.00	5	200.00	11 U.S.C, § 522(d)(3)
Line from Schedule A/B;	<u>6</u>				of fair market value, up to plicable statutory limit	
Brief description;	HOUSEHOLD, DINING KITCHEN FURN	\$	120.00	5 \$	120.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	6				of fair market value, up to plicable statutory limit	
Brief description:	HOUSEHOLD, MICROWAVE	\$	120.00	5 \$	120.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	6				of fair market value, up to plicable statutory limit	
Brief description:	ELECTRONICS, CELLPHONE	\$	250.00	5 \$	250.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	7				of fair market value, up to plicable statutory limit	
Brief description:	ELECTRONICS, TV	\$	200.00	u s	200.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	7				of fair market value, up to plicable statutory limit	
Brief description:	ELECTRONICS, COMPUTER	\$	190.00	u \$	190.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	7				of fair market value, up to plicable statutory limit	
The second section	w n					
Brief description:	ELECTRONICS, TABLET	\$	190.00	5 \$	190.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	7				of fair market value, up to plicable statutory limit	
Brief description:	CLOTHES	\$	400.00	៤ s	400.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	11				of fair market value, up to plicable statutory limit	
Brief description:	JEWELRY, WEDDING RINGS	\$	300.00	u \$	300.00	11 U.S.C. § 522(d)(4)
Line from Schedule A/B:	_12				of fair market value, up to plicable statutory limit	
Brief description:	PERSONAL ANIMALS, DOG	\$	100.00	5 \$	100.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	13				of fair market value, up to plicable statutory limit	

TOISHA M DANIEL
First Name Middle Name Last Name

Case number (if known)______

Pэ	4	γ.

Additional Page

Brief description Schedule A	on of the property and line VB that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	**	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief	CASH	\$ 250.00	☑ \$ 250.00	11 U.S.C. § 522(d)(5)
description: Line from Schedule A/B:	16		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	CHECKING ACCOUNT, NAVY FEDERA	A \$120.00	120.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	<u>17</u>		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	TAX REFUND	\$	\$	11 U.S.C. § 522(d)(5)
Line from Schedule A/B;	28		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description;		\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B;			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description;		\$	 \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

						•
Fill in this	information to identify your cas	se;				
Debtor 1	TOISHA M	DANIEL				
Debtor 2	First Name Middle	Name Last Name				
(Spouse, If filin						
United States	s Bankruptcy Court for the: SOUTHE	RN DISTRICT OF TEXAS				
Case numbe	er				Chock	if this is an
(If known)						ded filing
						-
Officia	I Form 106D					
Sche	dule D: Creditor	s Who Have Claims Sec	cur	ed by Prop	erty	12/15
Be as com	plete and accurate as possible	. If two married people are filing together, both	h are ed	ually responsible f	or supplying corre	ct
informatio		y the Additional Page, fill it out, number the e				
additional	pages, write your mame and ca	se number (ii known).				
_	creditors have claims secured					
	Check this box and submit this for Fill in all of the information below	m to the court with your other schedules. You have	ve nothi	ing else to report on t	this form.	
er res.	riii in all of the information below	•				
Part 1:	List All Secured Claims					
0 1 104 011 0	anned plains if a sanditar has			Column A	Column B	Column C
2. List all s	ecured claims. If a creditor has i claim. If more than one creditor I	nore than one secured claim, list the creditor sepa has a particular claim, list the other creditors in Pa	arately art 2.	Amount of claim Denot deduct the	Value of collateral	
		habetical order according to the creditor's name.			claim	If any
2.1 NAVY	FEDERAL CR UNION	Describe the property that secures the claim:		\$ 30,218.00	\$ 17,000.00	\$ 13,218.00
Creditor's h	Name	AUTOMOBILE 300 CHRYSLER		7		
Number PO BO	OX 3700 Street	- AO TOMOBILL 300 OF ITT SELIT				
		As of the date you file, the claim is: Check all the	nat apply.			
MEDE	RIFIELD VA 22119	Contingent				
City	RIFIELD VA 22119 State ZIP Code	Unliquidated Disputed				
Who owes	the debt? Check one.	Nature of Iien. Check all that apply.				
☑ Debtor	1 only	An agreement you made (such as mortgage or se	secured			
☐ Debtor		car loan)				
_	1 and Debtor 2 only t one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit				
_	if this claim relates to a	Other (including a right to offset)		_		
comm	unity debt					
Date debt 2.2	was incurred 9/13/21	Last 4 digits of account number 3126		***************************************		
Creditor's 1	Noma	Describe the property that secures the claim:			. \$	_\$
Oreulo) \$ 1	tano					
Number	Street	-		_		
	 	As of the date you file, the claim is: Check all the Contingent	nat apply.			
<u> </u>		Unliquidated				
City	State ZIP Code	☐ Disputed				
	the debt? Check one.	Nature of lien. Check all that apply.				
Debtor	*	An agreement you made (such as mortgage or se car loan)	ecured			
☐ Debtor	1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)				
	t one of the debtors and another	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)				
	if this claim relates to a unity debt			_		
	was incurred	Last 4 digits of account number				
Add the	dollar value of your entries in	Column A on this name. Write that number her	rot	\$ 30.218.00		

		Case 23	3-30689 Dod	cume	nt 5 Filed in TX	SB on 03/01/23	B Page 15 o	f 26	
	ill in this i	nformation to iden	itify your case:						
		TOISHA	M		DANIEL				
0	ebtor 1	First Name	Middle Nama		Lest Name	-			
	lebtor 2 Spouse, if filing) Firet Nama	Middle Name		Last Name	-			
1 '	-		the: SOUTHERN DIS	TRICT C					
"	inited States	Bankruptcy Court for	ine;					☐ Chec	k if this is an
	ase number If known)	·							ided filing
O	fficial	Form 106E	/F						
S	ched	ule E/F: C	reditors \	Nho	Have Unse	cured Cla	ims		12/15
A/II cre ne an	B: Propert editors wit eded, copy y addition	y (Official Form 10 h partially secured y the Part you need al pages, write you	6A/B) and on Sche I claims that are lis	edule G sted in r the e number	•	nd Unexpired Lease Vho Have Claims Sed	s (Official Form 16 cured by Property	06G). Do not i . If more spac	nclude any e is
1.	Do any ci	reditors have prior	rity unsecured clair	ms ana	inst you?	-			
"	_	o to Part 2.	ity unsecured class	ns aga	anat your				
	Yes.								
2.	each clair nonpriorit	n listed, identify wha y amounts. As mucl	at type of claim it is. h as possible, list the	If a cla e claims	r has more than one prior im has both priority and n s in alphabetical order acc 1. If more than one credit	onpriority amounts, lis cording to the creditor	t that claim here ar s name. If you have	nd show both p e more than tw	riority and o priority
	(For an ex	cplanation of each t	ype of claim, see the	e instru	ctions for this form in the	instruction booklet.)	t	t	
	1						Total claim	Priority amount	Nonpriority amount
2.1]			la	st 4 digits of account num	nher	\$	\$	_ \$ _
	Priority Cre	editor's Name			-		_		
	Number	Street		- 441	en was the debt incurred				
		•		– As	of the date you file, the d	laim is: Check all that a	pply.		
	City		State ZIP Code		Contingent				,
	·	urred the debt? Che			Unliquidated				
	☐ Debte	or 1 only			Disputed				
	Debte			Ту	pe of PRIORITY unsecu	red claim:			
		or 1 and Debtor 2 only			Domestic support obligation				
			ano anomer r a community debt		Taxes and certain other del		ent		
			-		Claims for death or persona intoxicated	al injury while you were			
	Is the cl	alm subject to offse	et (Other, Specify				

Claims for death or personal injury while you were intoxicated

Is the claim subject to offset?

No
Yes

Last 4 digits of account number \$\$\$\$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

City State ZIP Code Uniquidated

Who incurred the debt? Check one.

Type of PRIORITY unsecured claim:

 $f \Box$ Taxes and certain other debts you owe the government

Claims for death or personal injury while you were

□ Domestic support obligations

intoxicated

Other. Specify

2.2

Debtor 1 only

Debtor 2 only

□ No □ Yes

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

lacksquare Check if this claim is for a community debt

Deb	tor 1	TOISHA	e 23-30689 M	DANIEL	iment 5	Filed in TXSB on 03/01/2 Case number	•		
_		First Name	Middle Name	Last Name					
Pa	rt 2:	List All of Yo	ur NONPRIOR	ITY Uns	ecured Clai	ms 			
			nonpriority uns		•	you? o the court with your other schedules			
	nonpriori included	ty unsecured c in Part 1. If mo	laim, list the cred	itor separa tor holds a	ately for each o	cal order of the creditor who holds claim. For each claim listed, identify w im, list the other creditors in Part 3.If	hat type of claim it is. Do no	ot list cla conpriori	aims aiready
.1	CAPITAL	ONE					62/1	100	**************************************
	·	ty Creditor's Name				Last 4 digits of account number		\$	<u> 258.00</u>
	РО ВОХ	85520				When was the debt incurred?	<u>10/19/1</u> 9		
	Number	Street							
	City	ND		VA State	ZIP Code	As of the date you file, the clai	m is: Check all that apply.		
	Who in	curred the deb		Giaic	211 0000	Contingent Unliquidated Disputed	and of the state o		
		tor 2 only tor 1 and Debtor	2 only			Type of NONPRIORITY unse	cured claim:		
	_		z only btors and another				cureu ciaiiii.		
			is for a commun	ity debt		☐ Student loans ☐ Obligations arising out of a sep			
	Is the c	laim subject to	offset?			that you did not report as priori Debts to pension or profit-shar	ity claims ing plans, and other similar deb	te	
	☑ No	•				Other, Specify CREDIT ((3	
	☐ Yes							-	
.2	NAVY FE	DERAL CR UNION				Last 4 digits of account number	r <u>2660</u>	<u>\$_1</u> 1	1,011.00
	Nonpriorit	ty Creditor's Name				When was the debt incurred?	<u>8/15/18</u>		
	PO BOX								
	Number MERRIFI	Street		VA	22119	As of the date you file, the clai	m Is: Check all that apply.		
	City			State	ZIP Code	Contingent			
	Who in	curred the debi	t? Check one.			Unliquidated			
		tor 1 only				☐ Disputed			
		tor 2 only							
		tor 1 and Debtor:	•			Type of NONPRIORITY unser	cured claim:		
	☐ At le	ast one of the de	btors and another			Student loans			
	☐ Che	ck if this claim	Is for a commun	ity debt		Obligations arising out of a sep that you did not report as priori	paration agreement or divorce tv claims		
	Is the c	laim subject to	offset?			Debts to pension or profit-shar	ing plans, and other similar deb	ts	
	🗹 No					☑ Other. Specify <u>CREDIT C</u>	CARD	-	
_	☐ Yes							*****	
3	SYNCB/A					Last 4 digits of account number	er 3734		: 045 00
		ty Creditor's Name				When was the debt incurred?	3/26/19	\$ <u> </u>	5.045.00
	PO BOX Number	965015 Street					_ 		
	ORLAND			FL	32896				
	City	-		State	ZIP Code	— As of the date you file, the clai	m is: Check all that apply.		
	Who in	curred the debi	t? Check one.			Contingent			
		tor 1 only				☐ Unliquidated☐ Disputed☐			
	Debt	tor 2 only							

■ Debtor 1 and Debtor 2 only lacktriangle At least one of the debtors and another

☐ Check if this claim is for a community debt

is the claim subject to offset?

☑ No ☐ Yes Type of NONPRIORITY unsecured claim:

☐ Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill \Box$ Debts to pension or profit-sharing plans, and other similar debts ☑ Other, Specify <u>CREDIT CARD</u>

тоізна Case 23-30689

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Case number (if known)_

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

listing any entries on this page, number them beginning with	n 4.4, followed by 4.5, and so forth.	Total cla
	0000	
SYNCB/CARE CREDIT	Last 4 digits of account number 9992	\$ <u>3,949</u>
Nonpriority Creditor's Name	When was the debt incurred? 2/25/19	
950 FORRER BLVD	Attigit Ada tile gebrilleniten t	
Number Street	As of the date you file, the claim is: Check all that apply.	
KETTERING OH 45420 City State ZIP Code	Contingent	
ny State Air Coue	Unliquidated	
Nho incurred the debt? Check one.	Disputed	
2 Debtor 1 only	— ыэриши — ыэриши	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other. Specify CREDIT CARD	
1 No		
Yes		
		·
	Last 4 digits of account number	\$
onpriority Creditor's Name	When was the debt incurred?	
umber Street	As of the date you file, the claim is: Check all that apply.	
ity State ZIP Code	Contingent	
Who improved the debt? Obertons	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed .	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	$oldsymbol{\square}$ Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
•	Other. Specify	
□ No □ Yes		
		<u> </u>
ionpriority Creditor's Name	Last 4 digits of account number	-
onphony Greater's Name	When was the debt incurred?	
umber Street	As of the date you file, the claim is: Check all that apply.	
ity Stale ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
_	☐ Disputed	
Debter 7 only	Time of MONIDDIODITY	
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
→ Debtor 1 and Debtor 2 only At least one of the debtors and another	Student loans	
At least one of the deptors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
No	Other. Specify	
→ 1¥∪		

Case 23-30689 TOISHA

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	•
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government		\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	20,263.00
	6j. Total. Add lines 6f through 6i.	6j.	\$	20,263.00

e7+11						,	
Fill	in this in	nformation to identify	/'your ca	ase:	_		
Deb	otor	TOISHA	M		DANIEL		
Deb	otor 2	First Name	Middi	e Name	Lest Name		
	ouse If filing)	First Name		e Namo	Last Name		
Unit	ted States	Bankruptcy Court for the:	SOUTHE	ERN DISTRICT OF T	EXAS		
	e number					□ cr	heck if this is an
(и к	nown)						neck ii this is an nended filing
							Ţ
Off	icial I	Form 106G					
Sc	hod	ule G: Eve	cuto	ry Contr	acts and	Unexpired Leases	40145
							12/15
infor	mation.	ete and accurate as p If more space is need ges, write your name	ded, cop	y the additional p	age, fill it out, nu	gether, both are equally responsible for supplying c imber the entries, and attach it to this page. On the t	orrect op of any
		nave any executory c		-		hita Vankan adda alama a mada a Mila 6	
	Ves.	neck this box and the	tnis torm ation belo	ow even if the cont	n your other sched racts or leases are	lules. You have nothing else to report on this form, a listed on <i>Schedule A/B: Property</i> (Official Form 106A/B	S 1.
	example	irately each person c , rent, vehicle lease, d leases.	cell pho	ne). See the instru	ou have the contr actions for this forn	act or lease. Then state what each contract or lease in the instruction booklet for more examples of executo	is for (for ory contracts and
		•					-
	Person o	or company with who	m you h	ave the contract	or lease	State what the contract or lease is for	
	-	No. 3					
2.1							
	MIDM/ Name	AIN				LEASE (RENT): APARTMENT LEASE	
		MAIN STREET					
	Number	Street	37	77000		•	
	HOUS City	ION I	State	77002 ZIP Code		-	
2.2		**************************************	only of the same owner, and the control	bara in action of the action o	Land Comment for the comment of the		
	T MOE) I C					
	Name	DILE				LEASE (PHONE): PHONE SERVICE	
		32ND AVENUE S	OUTH	EAST			
	Number BELLE	Street VUE W	٧A	98006			
	City		State	ZiP Code		•	
2.3	4 To -e->	net v 200-10-10 de profesione e tradition annual debiando annual a come come	PROBLEM CONTRACTOR SEQUENCE	rajtooh) (säjenomi (voh) Booken, <mark>aanno vähen (voo on vastamas) kunno vas</mark> taoo	odel meddet da delet di delina vygleterilen aktoriose er gesyckelogistyk vindenske	IT THE FEET OF THE PERSONNEL OF THE PERS	почивку этомический почетичену этомического почиваний при выправлений почети почети почети почети почети почети
	Name						
	Number	Street			-	-	
						•	
	City		State	ZIP Code			
2.4		***************************************			and the second s	очения на при в при в при на	COMPANY AND
	Name						
	·······						
	Number	Street				•	
	Cilv	_ 	State	ZIP Code			

Fill in this	information to identify	y your case:		
Debtor 1	TOISHA	М	DANIEL	
Deplot 1	First Name	Middle Name	Last Name	-
Debtor 2 (Spouse, if fill	ing) First Name	Middle Name	Last Name	
United State	es Bankruptcy Court for the:	SOUTHERN DISTRIC	F OF TEXAS	
Case numb (If known)	er	•		☐ Check if this is a
				amended filing
Official	Form 106H			
Sche	dule H: You	r Codebto	rs	12/15
are filing to and numbe	gether, both are equal	ly responsible for si ces on the left. Attac	upplying correct information	Be as complete and accurate as possible. If two married peop n. If more space is needed, copy the Additional Page, fill it out, s page. On the top of any Additional Pages, write your name ar
-	-	(If you are filing a join	nt case, do not list either spou	use as a codebtor.)
□ No				
☑ Ye				
				tory? (Community property states and territories include Nashington, and Wisconsin.)
_	. Go to line 3.		,	,
		er spouse, or legal e	quivalent live with you at the t	time?
	No		•	
		ity state or territory di	d you live?	Fill in the name and current address of that person.
	Name of your spouse, former	spouse, or legal equivalent		<u> </u>
	themself to the second to the	or over 1 or 123-1 of 211-11-11		
	Number Street	<u> </u>		
	City	State	ZIP Code	
showr Sched	n in line 2 again as a co	odebtor only if that p (6D), <i>Schedule E/F</i> (person is a guarantor or cos Official Form 106E/F), or Sc	ebtor if your spouse is filing with you. List the person signer. Make sure you have listed the creditor on hedule G (Official Form 106G). Use Schedule D,
Colur	nn 1: Your codebtor			Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1 _{FI}	DER MANLEY			
Name)			Schedule D, line
35: Numb	50 MAIN STREET Der Street			Schedule E/F, line
	DUSTON	TX	77002	Schedule G, line 2.1
City		State		
3.2				
Name)			Schedule E/F, line
Numt	per Street			Schedule E/F, line
City	-	State	ZIP Cod	9
3.3	<u>-</u>			Schedule D, line
Name	9			☐ Schedule E/E line

ZIP Code

☐ Schedule G, line __

Number

City

Street

State

Fill in this in	iformation to identify	vour case:				
Debtor 1	TOISHA First Namo	M Middle Name	DANIEL Lasi Name			
Debtor 2 (Spouse, If filing)	- Eiret Nama	Middle Name	Lasi Name			
		SOUTHERN DISTRICT OF T				
Case number (If known)	-				Check if the	nis is: ended filing
					☐ A supp	ended hing plement showing postpetition chapter 1 e as of the following date:
fficial F	orm 106l				MM / D	D/ YYYY
chec	lule I: You	ır Income				12/15
ipplying co you are set	rrect information. If your arated and your spou	ou are married and not fi ise is not filing with you, top of any additional pa	ling jointly, and yo do not include inf	ur spouse ormation a	is living with y bout your spo	or 2), both are equally responsible for row, include information about your spou use. If more space is needed, attach a known). Answer every question.
Fill in you information	ır employment on.		Debtor 1			Debtor 2 or non-filing spouse
attach a s	e more than one job, eparate page with n about additional s.	Employment status	Employed □ Not employ	ed		☐ Employed ☐ Not employed
include pa	art-time, seasonal, or					
Occupatio	on may include student laker, if it applies.	Occupation	<u>ADMIN</u>			
		Employer's name	<u>TEAMCARE</u>	HOME I	IEALTH SEF	
		Employer's address	2626 SOUTH	H LOOP Y	WEST	Number Street
			HOUSTON	TX State Z	77054_	City State ZIP Code
		How long employed th	ere? 23 MONT	HS		
Part 2;	Give Details About	: Monthly Income				
Estimate		<u> </u>	m. If you have noth	ing to repo	t for any line w	rite \$0 in the space. Include your non-filing
spouse un	iless you are separated our non-filing spouse ha	•	er, combine the info			or that person on the lines
,	- -		···	,	For Debtor 1	For Debtor 2 or non-filling spouse
		ary, and commissions (t calculate what the month		2. \$_	3,828.58	\$
3. Estimate	and list monthly over	rtime pay.		3. +\$_	0.00	+ \$
i. Calculat	e gross income. Add li	ne 2 + line 3.		4. \$_	3,828.58	\$

Official Form 1061 Schedule I: Your Income page 1

Case 23-30689 Document 5 Filed in TXSB on 03/01/23 Page 22 of 26 TOISHA DANIEL Debtor 1 Case number (if known Middle Name For Debtor 1 For Debtor 2 or non-filing spouse s 3.828.58 Copy line 4 here...... 5. Indicate whether you have the payroll deductions below: 429.20 5a. Tax, Medicare, and Social Security deductions 5a. 0.005b. 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. 0.005d. Required repayments of retirement fund loans 5d. 0.005e. 5e. Insurance 0.005f. Domestic support obligations 5f 5g. 5g. Union dues 0.005h. Other deductions. Specify: 429.20 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. s 3,399.38 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 0.00 8a. Net Income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 0.00 8b. Interest and dividends 0.008c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include atlimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 0.008d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps or housing subsidies. Specify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse): 0.00 8g. Pension or retirement income 0.00 8h. Other monthly income. Specify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse): 0.00 0.009. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. \$ 3,399.38 10. Calculate monthly income. Add line 7 + line 9. \$ 3,399.38 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. + 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies13. Do you expect an increase or decrease within the year after you file this form?

Mo.

Yes. Explain:

12. 3,399.38

Combined monthly income

Official Form 106i Schedule I: Your Income

Fill in this information to ide	ntify your case:						
Debtor 1 TOISHA Middle Name Last Name Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: Case number The property of the court for the co							
(If known)			MM / DD / YYYY				
Fill in information about	your Name	tional Employmen	t/Businesses 12	2/15			
additional sole proprietor business	rship Numi						
	□ H	ck the appropriate box to describe your busi Health Care Business (as defined in 11 U.S. Single Asset Real Estate (as defined in 11 U	.C. § 101(27A))				
Fill in information about your additional		Stockbroker (as defined in 11 U.S.C. § 101(Commodity Broker (as defined in 11 U.S.C. None of the above Debtor 1	53A))				
employments	2. Occupation	ADMIN					
	Employer's	name ROUND UP SALOON	 -				
	Employer's	address 4601 ALMEDA-GENO	A ROAD Number Street				
		HOUSTON TX City State Zi	77048 IP Code City State ZIP Code				
	How long e	mployed there? 15 MONTHS					
	3. Occupation Employer's	name					
	Employer's	Number Street	Number Street				
	How long er	City State ZII	P Code City State ZIP Cod	íe			

Fill in this	information to identify	your case:	•					
Debtor 1	TOISHA	М	DANIEL		a ale if this iss			
Debtor 2	First Name	Middle Name	Last Name	_	neck if this is:			
(Spouse, if fili		Middle Name	Last Name		An amended	_	petition chapter 13	
United State	es Bankruptcy Court for the:	SOUTHERN DISTRICT	OF TEXAS	٦		of the following		
Case numb	er				MM / DD / YYY	Y		
Official	Form 106J							
Sche	dule J: Yo	ur Expen	ises				12/15	
information	olete and accurate as po . If more space is neede Answer every question.	ed, attach another s						
Part 1:	Describe Your Hou	sehold						
1. Is this a j	oint case?							
	3o to line 2. Does Debtor 2 live in a s	separate household	1?					
_	☐ No ☐ Yes. Debtor 2 must file	e Official Form 106J	-2, Expenses for S	Separate Household of L	Debtor 2.			
2. Do you h	ave dependents?	□ No		Dependent's relationsh	in to	Dependent's	Does dependent live	
Do not lis Debtor 2.	t Debtor 1 and	Yes. Fill out this information for	Debtor 1 or Debtor 2		age	with you?		
	ate the dependents'	each dependent	FOSTER CHILD		7	□ No ☑ Yes		
				EOSTER CHILD		5	□ No	
							☑ Yes	
				-	<u>-</u>		U No □ Yes	
							□ No	
				_	 .		Yes	
							□ No	
a team and acceptable in the control			A.L.L				! ∐ Yes	
expenses	expenses include s of people other than and your dependents?	☑ No ☐ Yes						
Part 2:	Estimate Your Ongol	ing Monthly Expe	enses					
Estimate yo	our expenses as of your s of a date after the ban	bankruptcy filing	date unless you a	_		•		
applicable		mapley to mean in	ano io a sappioni	ontal concession of office	on the box at the		in and an in the	
	enses paid for with nor ance and have included		_			Your expe	enses	
	al or home ownership of for the ground or lot.	expenses for your r	esidence. Include	e first mortgage paymen	ts and 4.	\$	1,500.00	
If not in	cluded in line 4:							
4a. Re	al estate taxes				4a.	\$		
4b. Pro	pperty, homeowner's, or r	enter's insurance			4b.	\$	0.00	
4c. Ho	me maintenance, repair,	and upkeep expense	es		4c.	\$	0.00	
4d. Ho	meowner's association or	r condominium dues			4d.	\$		

Official Form 106J Schedule J: Your Expenses page 1

TOISHA M DANIEL
First Name Middle Name Last Name

Case number (if known)____

			Your ex	penses
5. A	dditional mortgage payments for your residence, such as home equity loans	5 .	\$	0.00
,	itilities:			
	a. Electricity, heat, natural gas	6a.	\$	190.00
	b. Water, sewer, garbage collection	6b.	\$	40.00
	c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	160.00
6	d. Other, Specify:	6d.	\$	0.00
, 7. F	ood and housekeeping supplies	7.	\$ \$	160.00
8. (childcare and children's education costs	8.	\$	375.00
9. 0	lothing, laundry, and dry cleaning	9.	\$	40.00
1	ersonal care products and services	10.	\$	
	ledical and dental expenses	11.	\$	0.00
	ransportation. Include gas, maintenance, bus or train fare. To not include car payments.	12.	\$	700.00
	intertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	80.00
,	Charitable contributions and religious donations	14.	\$ \$	0.00
15. I	nsurance. To not include insurance deducted from your pay or included in lines 4 or 20.		·	
	5a. Life insurance	15a.	\$	0.00
	5b. Health insurance	15b.	\$	0.00
j	5c. Vehicle insurance	15c.	\$	0.00
	5d. Other insurance. Specify:	15d.	\$	0.00
	axes. Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
1	nstallment or lease payments;		-	
	7a. Car payments for Vehicle 1	47.	œ	500.00
		17a.	\$	_
	7b. Car payments for Vehicle 2	17b.		0.00
3	7c. Other Specify:	17c.	\$ \$	•
1	7d. Other. Specify:	17d.	Φ	0.00
, 18. Y	our payments of alimony, maintenance, and support that you did not report as deducted from our pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19. C	ther payments you make to support others who do not live with you.			
S	pecify:	19.	\$	0.00
20. C	ther real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.		
2	0a. Mortgages on other property	20a.	\$	0.00
2	0b. Real estate taxes	20b.	\$	0.00
	0c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
2	0d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
2	0e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor 1	TOISHA First Name	M Middle Name	DANIEL Last Namo	Case number (if known)					
21. Othe	er. Specify:	graphicated distribution of the control transcent special	, whomas interest the second of the second o	anne Adalestadas par de Maria A sus e	21.	+\$	0.00		
22. Caic	ulate your mor	nthly expenses.							
	Add lines 4 thro	ough 21.			22a.	\$	3,845.00		
22b.	Copy line 22 (m	nonthly expenses	for Debtor 2), if any, from Offic	cial Form 106J-2	22b.	\$	0.00		
22c.	Add line 22a ar	nd 22b. The resul	t is your monthly expenses.		22c.	\$	3,845.00		
23. Calcu	ılate vour mon	thly net income							
•	-	-	onthly income) from Schedule I		23 a.	\$	3,399.38		
23b.	Copy your mor	nthly expenses fr	om line 22c above.		2 3b.	-\$	3,845.00		
23c.	•	nonthly expense our <i>monthly net ii</i>	s from your monthly income.		23c.	\$	-445.62		
\$									
24. Do yo	ou expect an in	crease or decre	ase in your expenses within	the year after you file this f	form?				
			paying for your car loan within the rease because of a modification	- · · · · · · · · · · · · · · · · · · ·					
₩ No	o								
. 🗆 Ye	es. Explain I								
ŧ									
							,		